## REMARKS/ARGUMENTS

Reconsideration of the present application is respectfully requested. Claims 1, 3, 4, 6, 17, 20-22 and 25 have been amended herein. Claim 8 has been cancelled. Care has been exercised to introduce no new matter. Claims 1-7 and 9-25 are currently pending and are in condition for allowance.

**Claim Objections**

The drawings are objected to because FIG. 3 the labels in the specification and the drawings do not match. Applicants have amended the specification to clarify. As such, Applicants request withdrawal of the objection to the drawings.

**Rejections based on 35 U.S.C. § 112, Second Paragraph**

Claim 1 has been rejected under §112 as not providing antecedent basis for the limitation "the scanning device." Applicants have amended claim one to replace the term "the scanning device" with "the portable information device." Applicants submit that claim 1 provides antecedent basis for the terminology "the portable information device" and as such request withdrawal of the §112 rejection of claim 1.

**Rejections based on 35 U.S.C. § 102(e)**

Claims 1-25 stand rejected under 35 U.S.C. § 102(e) as being anticipated by U.S. Patent No. 6,519,569 to White (hereinafter the "White reference"). As the White reference fails to describe, either expressly or inherently, each and every element as set forth in the claims as amended, Applicants respectfully traverse these rejections, as hereinafter set forth.

Amended claim 1 describes a system for managing patient care comprising: a portable information device having an identifier recognition system and a patient machine readable identifier. The system further comprises a central information system including patient records. Patient records comprise treatment history and orders entered by a caregiver for an

identified patient. A patient task list is derived from the orders belonging to the identified patient. The task list is automatically available after the patient has been recognized by the portable information device. *See* Specification, ¶¶ [0027], [0030], and [0026] of the application as filed.

The White reference describes a pumping mechanism with a bar code scanner (White: col.5, 47-56) and a container prepared by a pharmacist with a bar code label containing patient identification and drug (White: col. 5, 60-65) and (White: col. 6-7, 63-67, 1-4). However, the White reference does not describe a central information system comprising patient records where the patient records include patient treatment history and orders entered by a physician for an identified patient. The White reference also does not describe a patient task list for determined from the orders entered by a caregiver in a central information system for the identified patient, where the task list becomes automatically available upon recognition of the patient machine readable identifier by the portable information scanning device. Rather, the White reference describes a physical bar code label containing patient identification and drug information, and a program for displaying infusion pump input data. The White reference does not describe a patient task list that has been determined from the orders entered by a caregiver in a central information system for the identified patient. The White reference merely passively displays the information contained bar code infusion data scanned from a label. Claim 1, on the other hand, is directed to task list derived from caregiver orders entered into a central information system. As such, Applicants request withdrawal of the §102 rejection of claim 1.

Amended claim 6 recites a computer-implemented method for managing patient care comprising recognizing a patient machine-readable identifier and a medication machine-readable identifier. A task list for the patient recognized by the machine-readable identifier is accessed from a central information system. The task list is determined from orders entered by a

caregiver for treatment of the identified patient. It is determined if the medication identified by the medication machine-readable identifier matches with a medication from the task list. A warning is displayed if the identified medication does not match with a medication from the task list. *See* Specification, ¶¶ [0027], [0030], [0043], and [0062] of the application as filed.

The White reference describes a pumping mechanism with a bar code scanner (White: col.5, 47-56) and a container prepared by a pharmacist with a bar code label containing patient identification and drug (White: col. 5, 60-65), (White: col. 6-7, 63-67, 1-4). However, the White reference does not describe accessing a task list for the patient recognized by the machine-readable identifier from a central information system, where the task list is determined from orders entered by a physician for treatment of the identified patient. The White reference also does not describe displaying a warning if the identified medication does not match with a medication from the task list determined by orders entered by a caregiver in a central information system. Rather, while the White reference contains a bar code label containing patient identification and drug information and a program for displaying infusion pump input data, the White reference does not access a task list for the identified patient from a central information system. The White reference merely passively displays the information contained in the bar code label. Claim 6, on the other hand, is directed to accessing a task list from a central information system and displaying a warning if an identified medication does not match with a medication from the task list. As such, Applicants request withdrawal of the §102 rejection of claim 6.

Amended claim 17 describes a task-based system for managing patient care comprising a central information system having a database including patient records comprising a patient task list determined from orders for an identified patient. The patient task list may be updated in real-time based on one or more changes to the orders for the identified patient by a

physician. The system further comprises a patient identifier for identifying a patient and a portable information device having tools for reading the patient identifier and accessing the central information system. The portable information device obtains an updated patient task list for the identified patient. *See* Specification, ¶¶ [0030], [0040], and [0097] of the application as filed.

The White reference describes a pumping mechanism with a bar code scanner (White: col.5, 47-56) and a container prepared by a pharmacist with a bar code label containing patient identification and drug (White: col. 5, 60-65), (White: col. 6-7, 63-67, 1-4). However, the White reference does not describe a central information system having a database comprising a patient task list determined from orders for an identified patient where the patient task list may be updated in real-time based on one or more changes to the orders for the identified patient. The White reference also does not describe a portable information device for accessing the central information system to obtain an updated patient task list for the identified patient. The White reference, on the other hand, describes a pharmacist preparing a medication and a physical label for the medication based on a written order. There is no discussion of a central information system having a patient task list determined from orders where the patient task list may be updated in real-time based on one or more changes to the orders for the patient by a caregiver. As such, Applicants request withdrawal of the §102 rejection of claim 17.

Amended claim 20 recites a computer-implemented method for recording tasks performed by a caregiver. A caregiver identifier and a patient identifier from a portable information device are received. A task list for the identified caregiver is generated for the identified patient from patient records. The patient records comprise treatment history and orders entered by a caregiver. The results are received for one or more of the tasks from the task list performed for the identified patient. The performance of the one or more tasks from the task

list is individually recorded. *See* Specification, ¶¶ [0030], [0040], [0089], and [0094] of the application as filed.

The White reference describes a pumping mechanism with a bar code scanner (White: col.5, 47-56) and a container prepared by a pharmacist with a bar code label containing patient identification and drug (White: col. 5, 60-65), (White: col. 6-7, 63-67, 1-4). The White reference does not describe a computer-implemented method for generating a task list for the identified caregiver and the identified patient from orders entered by a caregiver for treatment of the identified patient. The White reference also does not describe a computer-implemented method for individually recording performance of one or more of the tasks from the task list generated from patient orders. While the White reference describes that there may be some manual keypad confirmation of required pump operating infusion data, there is no description of a computer-implemented method for generating a task list from orders entered by a caregiver for treatment of the identified patient and recording the performance of one or more of the tasks from the task list. As such, Applicants request withdrawal of the §102 rejection of claim 20.

Dependent claims 2-5, 7, 9-16, 18, 19, and 21-25 further define novel and non-obvious features of the claimed embodiments and each directly depend from one of the independent claims 1, 6, 17 and 20. Accordingly, for at least the reasons set forth above with respect to independent claims 1, 6, 17 and 20, dependent claims 2-5, 7, 9-16, 18, 19, and 21-25 are believed to be in condition for allowance by virtue of their dependency and such favorable action is respectfully requested. Withdrawal of the rejection of dependent claims 2-5, 7, 9-16, 18, 19, and 21-25 is respectfully requested.

## CONCLUSION

For the reasons stated above, claims 1-7, 9-25 are now in condition for allowance. Applicants respectfully request withdrawal of the pending rejections and allowance of claims 1-7, 9-25. If any issues remain that would prevent issuance of this application, the Examiner is urged to contact the undersigned by telephone prior to issuing a subsequent action. The Commissioner is hereby authorized to charge any additional amount required (or to credit any overpayment) to Deposit Account No. 19-2112.

Respectfully submitted,

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